

CARE QUALITY COMMISSION (CQC) INSPECTION OUTCOMES & STOCKTON-ON-TEES BOROUGH COUNCIL (SBC) PROVIDER ASSESSMENT AND MARKET MANAGEMENT SOLUTIONS (PAMMS) ASSESSMENT REPORTS

QUARTER 2 2021-2022

The CQC is the national inspectorate for registered health and adult care services. Inspection reports are regularly produced and these are published on a weekly basis.

The CQC assesses and rates services as being 'Outstanding', 'Good', 'Requires Improvement', or 'Inadequate'. Where providers are found to be in need of improvement or inadequate, the CQC make recommendations for improvement and / or enforcement action. Specific actions taken in each case can be found in the relevant inspection report.

Where inspections are relevant to the Borough, a summary of the outcome is circulated to all Members each month. An update from Adult Services is included which summarises the position in relation to service provision and any actions taken at that time.

Quarterly Summary of Published Reports

This update includes inspection reports published between July and September 2021 (inclusive). These are included at **Appendix 1** and contain the results of all inspections of services based in the Borough (irrespective of whether they are commissioned by the Council).

During this quarter, **6** inspection results were published. Please note: there is a time lag between dates of the inspection and the publication of the report. In addition, where concerns are identified by the CQC, re-inspections may take place soon after the initial report is published. When the outcomes are made available within the same quarter, the result of the most recent report is included in this update.

The main outcomes from the reports are as follows:

- 3 Adult Care services were reported on (2 rated 'Good'; 1 'Requires Improvement');
- 1 Primary Medical Care service was reported on (1 rated 'Good');
- 2 Hospital / Other Health Care services were reported on (2 rated 'Inadequate').

A summary of each report and actions taken (correct at the time the CQC inspection report was published) is outlined below. Links to the full version of the reports, and previous ratings where applicable, are also included.

Overall Position – Commissioned Services

Appendix 2 outlines the current overall position for those Adult Social Care services that are commissioned by the Council.

PAMMS Assessment Reports

SBC are utilising the Provider Assessment and Market Management Solutions (PAMMS) in the quality assurance process. PAMMS is an online assessment tool developed in collaboration with Directors of Adult Social Services (ADASS) East and regional Local Authorities. It is designed to assist in assessing the quality of care delivered by providers. The PAMMS assessment consists of a series of questions over a number of domains and quality standards that forms a risk-based scoring system to ensure equality of approach. The PAMMS key areas are:

- Involvement and Information
- Personalised Care and Support
- Safeguarding and Safety
- Suitability of Staffing
- Quality of Management

Following the PAMMS assessment, the key areas are scored either 'Excellent', 'Good', 'Requires Improvement' or 'Poor', and an overall rating is assigned to the assessment using these headings.

Appendix 3 shows **8** reports published between July and September 2021 (inclusive).

APPENDIX 1**ADULT SERVICES**

(includes services such as care homes, care homes with nursing, and care in the home)

Provider Name	Partners4Care Limited	
Service Name	Partners4Care Limited	
Category of Care	Care at Home (Standard)	
Address	26 Yarm Road, Stockton-on-Tees TS18 3NA	
Ward	n/a	
CQC link	https://api.cqc.org.uk/public/v1/reports/acd21e18-54fb-4e88-bc5f-e67434fd2fb2?20210709120000	
	New CQC Rating	Previous CQC Rating
Overall	Good	n/a
Safe	Good	n/a
Effective	Good	n/a
Caring	Good	n/a
Responsive	Good	n/a
Well-Led	Good	n/a
Date of Inspection	3rd June 2021	
Date Report Published	9th July 2021	
Date Previous Report Published	n/a	
Breach Number and Title		
None		
Level of Quality Assurance & Contract Compliance		
Level 1 – No concerns / minor concerns (standard monitoring)		
Level of Engagement with the Authority		
<p>The management team have a positive relationship with the QuAC Officer, maintaining honest and open communications and responding to requests for information in a timely manner.</p> <p>Managers have attended some provider forums, however, overall engagement with the Transformation team has been relatively poor.</p>		

Supporting Evidence and Supplementary Information		
<p>This was the first CQC inspection of the newly registered service.</p> <p>The inspection found that the service was safe. Systems were in place to ensure the safe recruitment of staff and to safeguard people from the risk of abuse. Medicines were well managed. Accidents and incidents were reported and analysed. Staff followed infection control procedures. However, continuity of care staff required improvement.</p> <p>The inspection found that the service was effective, caring and responsive. People’s care needs were assessed and reviewed, and they were supported to access healthcare services. Staff respected people’s dignity and promoted independence. Staff were appropriately trained and felt well supported. However, people gave mixed feedback about how well complaints were dealt with. The provider was advised to review their current system for logging and handling complaints in line with best practice.</p> <p>The inspection found that the service was well led. Systems were in place to ensure people's individual support needs were met, including a detailed and person-centred approach to care planning. Regular audits and spot checks were taking place. The provider worked in partnership with health and social care professionals who were involved in people's care.</p>		
Participated in Well Led Programme?	No	
PAMMS Assessment – Date / Rating	21/05/2021	Requires Improvement

Provider Name	The Five Lamps Organisation	
Service Name	Five Lamps Home Care (Eldon Street)	
Category of Care	Care at Home (Standard)	
Address	Eldon Street, Thornaby, Stockton-on-Tees TS17 7DJ	
Ward	n/a	
CQC link	https://api.cqc.org.uk/public/v1/reports/90a697ae-1da5-4434-8f8d-8165548ac331?20210714120000	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Requires Improvement
Date of Inspection	10th June 2021	
Date Report Published	14th July 2021	
Date Previous Report Published	9th May 2018	
Breach Number and Title		
None		
Level of Quality Assurance & Contract Compliance		
Level 1 – No concerns / minor concerns (standard monitoring)		
Level of Engagement with the Authority		
<p>The management and office team have a positive relationship with the QuAC Officer, maintaining honest and open communications and responding to requests for information in a timely manner.</p> <p>Engagement with the Transformation Managers has been good; Five Lamps are always responsive to communications regarding networks, meetings and opportunities. Managers attended Well Led and supported the evaluation of it.</p>		

Supporting Evidence and Supplementary Information		
<p>The CQC report is very positive. People said they felt safe and were happy with the care they received. Medicines were well managed. Staff were aware of how to identify and report safeguarding concerns. Safe recruitment practices were followed.</p> <p>Staff followed infection control procedures, had access to PPE and had been trained in how to use it safely. Staff training was up to date.</p> <p>People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Staff promoted people's independence and respected their rights, privacy and dignity.</p> <p>Where possible, care was delivered by a small group of staff to provide consistency. Late and missed calls were kept to a minimum by using an electronic monitoring system which alerted office to any delays so action could be taken.</p> <p>Most records were comprehensive and up to date. Some care plans required further information, which was addressed immediately. People were involved in decisions about their care. Staff were aware of people's communication needs and how best to support them.</p> <p>Systems were in place to monitor and improve the quality and safety of the service provided. People's views about the service were sought individually and through surveys and the introduction of feedback cards.</p> <p>Staff wellbeing was very important to the provider. Staff felt well supported and able to approach the management team with any issues or concerns. The management team were receptive to feedback and keen to improve the service.</p>		
Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date / Rating	11/06/2021	Good

Provider Name	Stockton-on-Tees Borough Council	
Service Name	Rosedale Centre	
Category of Care	Residential Home	
Address	122 Marske Lane, Bishopsgarth, Stockton-on-Tees TS19 8UL	
Ward	Bishopsgarth & Elm Tree	
CQC link	https://api.cqc.org.uk/public/v1/reports/e36b6dc5-75ac-42de-a6f8-1281a45304a1?20210716120000	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Good
Safe	Requires Improvement	Good
Effective	Good	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Requires Improvement	Good
Date of Inspection	7th June 2021	
Date Report Published	16th July 2021	
Date Previous Report Published	22nd December 2017	
Breach Number and Title		
<p><u>Accommodation for persons who require nursing or personal care</u> Regulation 12 HSCA RA Regulations 2014 Safe care and treatment: The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. Regulation 12 (2) (a) (b) (d)</p> <p><u>Accommodation for persons who require nursing or personal care</u> Regulation 17 HSCA RA Regulations 2014 Good governance Good governance systems or processes did not effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of people. Regulation 17 (2) (a) (b) (c)</p>		
Level of Quality Assurance & Contract Compliance		
Level 3 – Major Concerns / Enhanced Monitoring		
Level of Engagement with the Authority		
<p>The Registered Manager engages well with the QuAC Officer; the Manager provided weekly telephone updates during the Covid-19 pandemic.</p> <p>A new Registered Manager was appointed in 2020 with the role implemented fully from January 2021. The Manager and one of the Duty Managers have signed up for the next Well Led programme and the Registered Manager is taking part in Registered Manager regional meetings. A Task and Finish Group has been established within the Authority to support the Registered Manager and staff to return the home to a Good CQC rating. An action plan</p>		

covering all CQC feedback has been produced, actions are being implemented and will be monitored on an on-going basis.

The service has engaged fully with the Public Health Team and Infection and Prevention Control Nurses from North Tees & Hartlepool NHS Trust throughout the pandemic.

Supporting Evidence and Supplementary Information

Following a focussed inspection in the domains of Safe and Well-lead, CQC identified some areas of concern. CQC found no evidence that people had been harmed, however, in some areas governance systems were not robust enough and record keeping was not sufficient.

The provider had systems in place to ensure infection outbreaks were effectively managed. However, staff were not always following these systems.

People were supported to be as independent as they could be by the same continuous staff team where possible. People and their relatives were very complimentary about how the service was run. One person said, "Rehabilitation, it's going good. Well, I'm on my feet now and I couldn't even walk with a Zimmer frame when I first came here. I go to the gym now. Yes, it's going good."

Participated in Well Led Programme?

No

PAMMS Assessment – Date / Rating

Assessment to be finalised

PRIMARY MEDICAL CARE SERVICES

Provider Name	Best Life Healthcare Ltd	
Service Name	Best Life Clinic	
Category of Care	Doctors / GPs	
Address	27 Norton Road, Stockton-on-Tees TS18 2BW	
Ward	Stockton Town Centre	
CQC link	https://api.cqc.org.uk/public/v1/reports/e276d057-40fe-4092-8ed7-42f8ea07ff9c?20210720070048	
	New CQC Rating	Previous CQC Rating
Overall	Good	Inspected but not rated
Safe	Good	Inspected but not rated
Effective	Good	Inspected but not rated
Caring	Good	Inspected but not rated
Responsive	Good	Inspected but not rated
Well-Led	Good	Inspected but not rated
Date of Inspection	26th May 2021	
Date Report Published	20th July 2021	
Date Previous Report Published	8th January 2019	
Further Information		
<p>Best Life Clinic is a specialist clinic offering private urology services and reversal of vasectomies. The clinic is led by a Consultant Urologist. They also offer aesthetic services such as anti-wrinkle treatments, but these treatments are not regulated by the Care Quality Commission and were not inspected. This service had been inspected in 2018. The service was registered with the Care Quality Commission in August 2016.</p>		

HOSPITAL AND COMMUNITY HEALTH SERVICES
(including mental health care)

Provider Name	Butterwick Limited	
Service Name	Butterwick Hospice Stockton	
Category of Care	Hospice (for adults)	
Address	Middlefield Road, Hardwick, Stockton-on-Tees TS19 8XN	
Ward	Hardwick & Salters Lane	
CQC link	https://api.cqc.org.uk/public/v1/reports/4f0bb882-52dc-48f0-98af-cce496a20668?20210715090117	
	New CQC Rating	Previous CQC Rating
Overall	Inadequate	Inadequate
Safe	Inadequate	Inadequate
Effective	Inspected but not rated	Inadequate
Caring	Not inspected	Good
Responsive	Inspected but not rated	Inadequate
Well-Led	Inadequate	Inadequate
Date of Inspection	4th – 6th May 2021 (focused inspection)	
Date Report Published	15th July 2021	
Date Previous Report Published	26th March 2020	
Further Information		
<p>Butterwick Hospice Stockton was operated by Butterwick Limited. The hospice had 8 inpatient beds and a day hospice and provided care for adults from Stockton, and surrounding areas.</p> <p>Butterwick Limited was registered as a charitable trust and received funding from the NHS. Butterwick House Stockton is registered to provide diagnostic and screening procedures and treatment of disease, disorder or injury. At the time of the inspection, there was an application in progress for a registered manager.</p> <p>The inspection was in response to concerns regarding the quality of service and to follow-up on improvements made by the hospice to address concerns raised as part of the CQCs previous inspection in December 2019 (which gave an overall rating of 'inadequate' and placed the service into special measures which meant it had to be re-inspected within six months – however, this was delayed because of the COVID-19 pandemic).</p> <p>At the time of the inspection, the hospice was only admitting a maximum of two adults each week, Tuesday to Thursday. This service re-commenced in January 2021, following a period of voluntary suspension. The service was also offering a limited day care service, which involved a nursing assessment, followed by physiotherapy and therapy, as indicated. Leaders told the CQC that the service was planning to re-commence end-of-life and palliative care by Aug 2021.</p>		

Provider Name	Butterwick Limited	
Service Name	Butterwick House	
Category of Care	Hospice (for children and young people)	
Address	Middlefield Road, Hardwick, Stockton-on-Tees TS19 8XN	
Ward	Hardwick & Salters Lane	
CQC link	https://api.cqc.org.uk/public/v1/reports/121ecdd4-972f-46f9-8181-b89cb9b09524?20210715090149	
	New CQC Rating	Previous CQC Rating
Overall	Inadequate	Inadequate
Safe	Inadequate	Inadequate
Effective	Inspected but not rated	Inadequate
Caring	Not inspected	Good
Responsive	Inspected but not rated	Inadequate
Well-Led	Inadequate	Inadequate
Date of Inspection	4th – 6th May 2021 (focused inspection)	
Date Report Published	15th July 2021	
Date Previous Report Published	11th December 2020	
Further Information		
<p>Butterwick House is operated by Butterwick Limited. The service provides hospice services for children and young people from Stockton, Middlesbrough and surrounding areas. It is registered as a charitable trust and receives funding from the NHS. The hospice has six inpatient beds for the provision of respite care. Butterwick House is registered to provide diagnostic and screening procedures and treatment of disease, disorder or injury. At the time of the inspection, there was an application in progress for a registered manager.</p> <p>The CQC previously inspected Butterwick House in October 2020 as they had concerns about the quality of services. The CQC inspected medicines practices and processes at Butterwick House, the medicines management training provided to staff, and how their knowledge was checked, and how they reported and investigated incidents. The CQC also looked at the wider oversight and management of incident management and risk across the organisation. The CQC did not re-rate the service at this inspection, and the provider remained in special measures. In light of the findings from the October 2020 inspection, the provider was issued with a Notice of Decision which placed conditions on their registration. The provider subsequently submitted an application and supporting evidence to the CQC to remove these conditions in March 2021 which was approved.</p> <p>The CQC carried out a focused inspection on 4th, 5th and 6th of May 2021 in response to concern regarding the quality of service and to follow-up on improvements made by the hospice to address concerns raised as part of our previous inspection in October 2020. At the time of the inspection, the hospice was only admitting children and young people already known to the service for short-break respite care. It was not taking new referrals or end-of-life children or young people at this time.</p>		

APPENDIX 2

OVERALL POSITION FOR COMMISSIONED SERVICES

The CQC have announced that they are changing their strategy which incorporates new methods and inspection criteria, and the Council are currently observing this through their published inspection reports. Therefore, currently there is no trend analysis data available that would accurately portray the current position in relation to the overall summary of CQC ratings for Adult Social Care services commissioned by the Council for Quarter 2 2021-2022. This may be represented in the CQCs 'State of Care' report due to be presented to the Adult Social Care and Health Select Committee in December 2021.

APPENDIX 3**PAMMS ASSESSMENT REPORTS**
(for Adult Services commissioned by the Council)

Provider Name	GreenSquareAccord	
Service Name	GreenSquareAccord (formerly known as Direct Health)	
Category of Care	Care at Home	
Address	Varsity House, Falcon Court, Preston Farm Business Park, Stockton-on-Tees TS18 3TS	
Ward	n/a	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	n/a
Involvement & Information	Good	n/a
Personalised Care / Support	Good	n/a
Safeguarding & Safety	Good	n/a
Suitability of Staffing	Good	n/a
Quality of Management	Good	n/a
Date of Inspection	9 th June 2021	
Date Assessment Published	8 th July 2021	
Date Previous Assessment Published	n/a	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>A really positive assessment with some areas of excellence identified, especially around care plans and risk assessments. The provider captures a wealth of information in the care plans and supporting information and this doesn't vary dependent upon the size of the care package being delivered. Service user's spoken with were highly complementary of the care they received and how some staff felt like family to them. Service users were thankful for the support they received from the provider throughout the COVID pandemic. Further feedback from service users gave examples of how staff went above what was required. The provider has good systems in place to be able to analyse information to review how services can be improved upon.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>No concerns or areas of 'Requires Improvement' were identified throughout the assessment. The provider has the potential for an 'Outstanding' rating with further improvements being made around consistency of information across all service users and monitoring service user outcomes around their goals.</p>		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No concerns / standard monitoring		

Level of Engagement with the Authority		
<p>The provider engages well with the Local Authority and is timely with responses to queries. They have an open and transparent approach, in particular where safeguarding concerns has occurred. The provider informs the LA of future organisational plans and seeks the views of the nominated Quality Assurance and Compliance officer. A recent example of this would be electronic care planning which the provider is considering. The provider regularly attends the Care at Home provider forums.</p>		
Current CQC Assessment - Date / Overall Rating	19/11/2020	Good

Provider Name	Dale Care Ltd	
Service Name	Dale Care	
Category of Care	Care at Home (Standard)	
Address	Biz Space, Concorde House, Business Centre, Concorde Way, Preston Farm Industrial Estate, Stockton-on-Tees TS18 3RB	
Ward	n/a	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	18th May 2021	
Date Assessment Published	8th July 2021	
Date Previous Assessment Published	25th May 2019	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Dale Care's previous PAMMS assessment was completed in 2019 and was rated overall 'Good'. Dale Care's current PAMMS assessment for 2021 remains 'Good' in all areas.</p> <p>The service was thought to be effective, caring, and responsive during the assessment. People's care requirements were assessed and reviewed, and staff supported people's dignity and encouraged them to be independent. The staff were well-trained and felt well-supported.</p> <p>There were systems in place to ensure the safe recruitment of workers and to protect persons from abuse. Medicines were stored correctly, and accidents and occurrences were documented and investigated. Infection prevention and control procedures were followed by the staff.</p> <p>A person-centred approach to care planning was in place to assure that service users support requirements were satisfied. Audits and spot checks were conducted on a regular basis. The provider collaborated with health and social care experts who were involved in the treatment of the patients.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>Dale Care scored 'Good' in all areas of PAMMS apart from one question which was 'Requires Improvement' based on them not rostering in travel time.</p> <p>The contract says the provider must: 'Ensure all calls are scheduled accurately and that enough travel time is built into all staff call rosters to deliver the care specified in the individual service order (ISO)'.</p>		

<p>The above will be monitored for progress via contract management meetings to ensure contractual compliance.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 1 – No concerns / minor concerns</p>		
<p>Level of Engagement with the Authority</p>		
<p>The current Management Team have good communication levels with the Quality Assurance and Compliance (QuAC) Officer and has an open and transparent relationship. However, they have on occasions proved difficult to contact via the telephone, with numerous attempts by the QuAC officer being made before pick -up. This has been noted and they are ensuring improvements will be made.</p> <p>Dale Care attends the provider forum but haven't become actively involved with CAH projects organised by the Transformation Managers.</p> <p>They have been courteous and provided information around risk assessments for positive cases through COVID for Public Health when requested.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>19/09/2019</p>	<p>Good</p>

Provider Name	Akari Care	
Service Name	Wellburn House	
Category of Care	Residential Care	
Address	Wellburn Road, Fairfield, Stockton-on-Tees TS19 7PP	
Ward	Fairfield	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Requires Improvement
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Requires Improvement
Date of Inspection	26th May 2021	
Date Assessment Published	9th July 2021	
Date Previous Assessment Published	24th February 2020	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>The provider had made some clear improvements to the service despite the constraints the Covid pandemic posed.</p> <p>Multiple areas of improvement have been evidenced especially around Staff Knowledge and Understanding, Environment, Equipment, General Safety and Leadership, Quality Assurance and Undertaking.</p> <p>The provider has redecorated the dementia unit which displays a lovely fresh environment along with a Namaste room which was under development at the time of assessment. Namaste Care is a structured programme of sensory activities that aims to improve end-of-life care for people in nursing homes who have advanced dementia by giving them pleasure and helping them connect with others.</p> <p>Since the previous assessment carried out in February 2020 and following on from the success of winning North East Care Home Manager of the year award, the manager became runner up in the National Care Home Manager of the year award.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>Areas of improvement were identified:</p> <p><u>Assessment, Care Planning & Review</u>: Improvements were required in completing documentation in full and a consistent manner. Considerations are to be made around implementing blanket approaches to documentation rather than allowing a risk assessment to indicate it is required (i.e. Food and Fluid Charts / Bowel Charts).</p>		

Service user experience: Improvements are required around menu planning and mealtime experiences. Service users should be offered choice of portion size and menus to be displayed, preferably with pictorials of the food offered.

Staff Training & Recruitment: The provider didn't always follow company policies in relation to staff who provided external services to the home. One example showed an external service being used without receiving evidence of a DBS check prior to commencement. However, there was a risk assessment completed and the visitor was accompanied by a staff member at all time during the visit. The provider had taken all necessary action to allow the service to continue safely, but it was not in line with company policy.

Level of Quality Assurance & Contract Compliance Monitoring

Level 1 – No concerns / standard monitoring

The action Plan will be monitored in line with normal contractual requirements.

Level of Engagement with the Authority

The provider engages well with the local authority and is timely with responses to queries. The provider not only works collaboratively with the authority but encourages the rest of the staff team to. They have recently engaged with the council dementia lead on how to work on a dementia hub for service users and their families. Sadly, Covid has not seen this work progressing as they would have liked but the provider is keen for this to gain momentum in the coming months. The provider regularly attends the provider forums, and the peer support groups.

Current CQC Assessment - Date / Overall Rating

05/02/2019

Good

Provider Name	Partners4Care Limited	
Service Name	Partners4Care Limited	
Category of Care	Care at Home (Standard)	
Address	26 Yarm Road, Stockton-on-Tees TS18 3NA	
Ward	n/a	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	n/a
Involvement & Information	Requires Improvement	n/a
Personalised Care / Support	Requires Improvement	n/a
Safeguarding & Safety	Good	n/a
Suitability of Staffing	Good	n/a
Quality of Management	Good	n/a
Date of Inspection	21 st May 2021	
Date Assessment Published	13 th July 2021	
Date Previous Assessment Published	n/a	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans covered key areas but were completed to a variable level of detail. Consent from the service user (or representative as appropriate) had not always been recorded to demonstrate that the person had been involved with their care planning.</p> <p>People's daily records did not always reflect that care was being delivered in line with their care plan. For example, where someone's plan showed that staff needed to encourage them to have a good nutritional intake, staff were often recording that they had refused meals and there was no evidence of encouragement being given. Staff did not always report issues to management in a timely manner to allow reviews to be completed if needed.</p> <p>Most feedback received from service users was positive. People confirmed that staff treated them with dignity and respect, and that they felt safe and comfortable with their care staff. People confirmed that they mostly had regular care staff who usually attended on time (within a 15-minute tolerance), stayed for the full allocated visit duration and carried out all required tasks satisfactorily. It was evident that the provider worked with other health and social care professionals as needed.</p> <p>Observations of medication administration found some shortfalls, such as staff not using the 'no touch' method. One service user said there had been occasions when care staff had left medication for them to take later, when level 3 support was commissioned, and their PRN medication was not always offered as it should have been.</p> <p>Staff were recruited safely, had regular training and supervision and confirmed they felt well supported by the management team.</p> <p>Internal audits were completed regularly. Comprehensive surveys were used to obtain feedback from service users and staff.</p>		

<p>The provider had raised Safeguarding concerns with the Local Authority as required.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>The provider will complete an action plan to address areas identified for improvement to ensure full compliance.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 2 – Moderate Concerns / Supportive Monitoring</p>		
<p>Level of Engagement with the Authority</p>		
<p>The management team have a positive relationship with the QuAC Officer, maintaining honest and open communications and responding to requests for information in a timely manner.</p> <p>Managers have attended some provider forums, however overall engagement with the Transformation team has been relatively poor.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>09/07/2021</p>	<p>Good</p>

Provider Name	The Five Lamps Organisation	
Service Name	Five Lamps Home Care (Eldon Street)	
Category of Care	Care at Home (Standard)	
Address	Eldon Street, Thornaby, Stockton-on-Tees TS17 7DJ	
Ward	n/a	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Requires Improvement
Involvement & Information	Requires Improvement	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Requires Improvement
Suitability of Staffing	Good	Requires Improvement
Quality of Management	Good	Good
Date of Inspection	11th June 2021	
Date Assessment Published	28th July 2021	
Date Previous Assessment Published	23rd December 2019	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were personalised, clear to follow and covered key areas. People's consent to care had been recorded in their plans, however, documentation regarding capacity and decision making was sometimes unclear. Staff were unable to clearly explain the principles of the Mental Capacity Act and how these are put into practice in their role.</p> <p>Feedback from service users and families was very positive. People praised their care workers, confirmed they felt their support was meeting their needs and was regularly reviewed. Observations of practice found that staff interacted respectfully with service users, offering choice and maintaining dignity.</p> <p>Staff had a thorough induction and completed relevant training. Training Mentor roles had been introduced to strengthen peer support systems. Staff had received medication training and spot checks were carried out; however formal competency assessments were not always completed before staff started to administer medication.</p> <p>Staff said they found management very approachable and supportive. Systems were in place to report and investigate concerns, complaints and incidents as required.</p> <p>The provider had quality assurance systems in place and completed regular internal audits. The management team had a dynamic service plan, setting key priorities, and held regular strategy reviews to look at issues and improve service quality. Policies were reviewed annually by the Quality Manager and updated as required, for example to reflect new legislation or best practice guidance.</p>		

Plans and Actions to Address Concerns and Improve Quality and Compliance		
The provider will complete an action plan to address areas identified for improvement to ensure full compliance.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No concerns / minor concerns (standard monitoring)		
Level of Engagement with the Authority		
<p>The management and office team have a positive relationship with the QuAC Officer, maintaining honest and open communications and responding to requests for information in a timely manner.</p> <p>Engagement with the Transformation Managers has been good; Five Lamps are always responsive to communications regarding networks, meetings and opportunities. Managers attended Well Led and supported the evaluation of it.</p>		
Current CQC Assessment - Date / Overall Rating	14/07/2021	Good

Provider Name	HC One Ltd	
Service Name	Victoria House Nursing Home	
Category of Care	Residential / Residential Dementia / Nursing	
Address	Bath Lane, Stockton-on-Tees TS18 2DX	
Ward	Stockton Town Centre	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Requires Improvement
Safeguarding & Safety	Requires Improvement	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	29 th June 2021	
Date Assessment Published	29 th July 2021	
Date Previous Assessment Published	16 th August 2019	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Since the previous PAMMS assessment was completed in 2019, a new manager joined the home in January 2020. This current PAMMS assessment for 2021 resulted in an overall rating of 'Good' however some elements still require improvement.</p> <p>The manager wasn't present throughout the whole assessment however the service was evidenced to be effective, caring, and responsive. Residents care requirements were assessed and reviewed, and they were given assistance in obtaining healthcare. Staff supported resident's dignity and encouraged them to be independent. The staff were well-trained and felt well-supported.</p> <p>The service was considered safe. There were systems in place to ensure the safe recruitment of workers and to protect persons from abuse. However, 'Management of Medicines' were not observed to be in good order with the provider failing their own internal meds audits with stock control issues and missing signatures. Accidents and occurrences were documented and investigated. Infection prevention and control procedures were followed by the staff.</p> <p>The service was evidenced to be well managed. A rigorous and person-centred approach to care planning was in place to guarantee that an individual's support requirements were satisfied. Audits and spot checks were conducted on a regular basis however there was a lack of evidence to show any outcomes had been actioned. The provider collaborated with health and social care experts who were involved in the treatment of the residents.</p>		

Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>The home does not currently have a key worker system. This was discussed with the manager during PAMMS feedback. The manager is new to the home and when she arrived there was no key worker system in place. The manager is planning to implement this again.</p> <p>NECS Medication Optimising Team is to attend the home and offer support around the safe handling of medicines.</p> <p>The manager is to look at making the home more dementia friendly, as home has some visual signage and different colour door frames and toilet seats, but this is not consistent across all units.</p> <p>Manager to re-implement the 'you said we did board' to evidence feedback from residents, families and friends is taken on board and actioned.</p> <p>The Quality Assurance and Compliance Officer (QuAC) will monitor progress on this during contractual visits.</p>		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No concerns / minor concerns		
Level of Engagement with the Authority		
<p>The current management team have excellent engagement levels with the QuAC Officer and practices a very open and transparent relationship with the Local Authority.</p> <p>The manager engages fully with all networks and forums that are delivered by the Transformation Managers. She is keen to engage in other projects that are running alongside the networks, and will always enquire further to see if it's something that she could partake in.</p> <p>The manager is always engaging, has completed the Data Security Protection Tool, Oral Health, and accesses the Alliance training. She regularly attends leadership groups and staff have taken part in the activity coordinators network. The manager also assisted on the recent 'Hub' video. Following the recent leadership meeting she is completing NHS Mail processes and Proxy meds ordering.</p>		
Current CQC Assessment - Date / Overall Rating	23/03/2021	Good

Provider Name	Partners4Care Limited	
Service Name	Winford House	
Category of Care	Extra Care	
Address	The Causeway, Billingham, Stockton-on-Tees TS23 2HF	
Ward	Billingham Central	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	n/a
Involvement & Information	Good	n/a
Personalised Care / Support	Good	n/a
Safeguarding & Safety	Good	n/a
Suitability of Staffing	Good	n/a
Quality of Management	Good	n/a
Date of Inspection	18 th June 2021	
Date Assessment Published	25 th August 2021	
Date Previous Assessment Published	n/a	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Personalised care plans and risk assessments were in place covering key areas. Service user feedback was predominantly positive. Care staff were observed to be polite and respectful towards service users. Staff demonstrated good knowledge in relevant areas and confirmed they felt well supported by management.</p> <p>Staff were recruited safely, however there were some shortfalls in induction records. Staff received regular supervision, spot checks and competency assessments. Training records showed a high compliance level in relation to mandatory requirements.</p> <p>Several gaps were noted on medication administration records. Missed medication was noted and checked by office staff. Medication audits were completed regularly, with a sample of service user records being checked each month. Where compliance shortfalls were identified, these were addressed with the relevant staff members via employee action plans.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
The provider will complete an action plan to address areas identified for improvement to ensure full compliance.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No concerns / standard monitoring		

Level of Engagement with the Authority		
<p>The management team have a positive relationship with the QuAC Officer, maintaining honest and open communications and responding to requests for information in a timely manner.</p> <p>Managers have attended some provider forums, however overall engagement with the Transformation team has been relatively poor.</p>		
Current CQC Assessment - Date / Overall Rating	27/05/2021	Good

Provider Name	Knights Care (2) Ltd	
Service Name	The Maple Care Home	
Category of Care	Nursing, Residential, Dementia	
Address	Dover Road, Stockton-on-Tees TS19 0JS	
Ward	Newtown	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Good
Involvement & Information	Requires Improvement	Good
Personalised Care / Support	Requires Improvement	Good
Safeguarding & Safety	Requires Improvement	Good
Suitability of Staffing	Requires Improvement	Good
Quality of Management	Good	Good
Date of Inspection	5th July 2021	
Date Assessment Published	27th August 2021	
Date Previous Assessment Published	28th June 2019	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>The provider had recently started using a new electronic care planning system. At the time of the visit, care plans were lacking a sufficient level of person-centred information. Assessments contained brief information about people's support needs and risks, but full risk assessments had not always been completed as required.</p> <p>Staff were observed to have positive interactions with residents. Residents confirmed that staff were kind and polite towards them. Staff were attentive to residents' needs, although there were times when residents had to wait a while for support. A dependency assessment was in place to determine suitable staffing levels, however some staff spoken with felt there should be more staff. The provider had a high reliance on agency staff and was continuing to recruit to fill vacant positions.</p> <p>Staff generally demonstrated good knowledge around relevant areas, although some were unable to clearly explain how they practice MCA principles, and some shortfalls in PPE compliance were observed. Staff said they found management approachable and knew how to report any concerns.</p> <p>Some shortfalls were identified in relation to the provider's contractual compliance regarding staff recruitment, induction, supervision and training. The senior management team had already identified some of these issues through their internal audits and were working to address them.</p> <p>The home generally appeared clean and well maintained, recent refurbishment had taken place and there was a high standard of décor. Technology was utilised to good effect.</p> <p>Some issues were noted during observations of medication administration, including staff not checking consent with residents before removing the medication from its packaging, not always using the 'no touch' method, and recording that medication had been administered before</p>		

<p>observing the resident take it. Nurses/Seniors recorded that prescribed creams and supplements had been administered without witnessing or confirming this themselves, which was unsafe practice.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>The provider will complete an action plan to address areas identified for improvement to ensure full compliance. Progress towards meeting the action plan will be monitored by the QuAC Officer, with supportive monitoring visits completed as appropriate.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 2 – Moderate concerns / supportive monitoring</p>		
<p>Level of Engagement with the Authority</p>		
<p>The Registered Manager had been in post since April 2020 and left their post shortly before the PAMMS assessment to move to a new role within Knights Care in a different location. There had been concerns from the QuAC Officer and other professionals, including Safeguarding, regarding the level of engagement from the Manager.</p> <p>The Manager registered for the Well Led programme and completed approximately 50% of the course. He also attended some online leadership sessions and engaged with the Data Security and Protection toolkit and oral health project. The provider has been accessing the North Tees and Hartlepool Education Alliance Training.</p> <p>A new Manager started in post during the week of the PAMMS assessment and engaged well during the visit. The Managing Director also visited the home to receive verbal PAMMS feedback and was receptive to this.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>09/04/2021</p>	<p>Requires Improvement</p>